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ABSTRACT

The guide provides an information resource for related and supportive services personnel (e.g., school nurse, physical therapist, speech language pathologist) in their interactions with emotionally handicapped (EH) students. Following a definition of EH students, the first of six brief chapters discusses student characteristics, presents three profiles of EH students, and defines the concepts of continuum of services and least restrictive environment (LRE). Chapter II describes the integrated service delivery model, the role of related and supportive service personnel as participants in the individualized education program (IEP) conference, and the importance of interpersonal communication. Chapter III lists alternative responses to negative student behaviors that may occur during the assessment process, while the fourth chapter summarizes affective education and functional curriculum models and touches on the subject of grading. Behavior management is the focus of Chapter V, which outlines the range of behaviors exhibited by EH students and lists strategies and interventions used to manage behavior (behavior modification, contingency contracting, reinforcers). Chapter VI consists of 17 tips for related services personnel in dealing with students and other professionals. A bibliography is appended. (JW)

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RELATED SERVICE PERSONNEL'S RESOURCE GUIDE FOR SUPPORTING PROGRAMS FOR EMOTIONALLY HANDICAPPED STUDENTS

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped
Shirley J. Amond, Chairperson

June 1987

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PREFACE

The purpose of this document is to provide an information resource guide for related and supportive services personnel in their interactions with students who are emotionally handicapped. Related services professionals are those who directly interface with students on a consistent basis, for example, the nurse, occupational therapist, and physical therapist. Supportive services professionals also include teachers of art, music, and library. Although speech and language pathologists and physical education instructors are primary providers with IEP responsibilities, each plays an integrated role with services to students with emotional handicaps.

The multifaceted needs of students who have emotional handicaps can be best met by sharing information across disciplines and cooperating on classroom goals, objectives, and teacher strategies (Nietupski, 1980). A well integrated team with all members contributing their unique talents in a shared, cooperative effort is the foundation for delivering the program to the student. The best educational program is provided when all needs of the students are integrated into one coordinated service delivery system.

As a provider of services to students with emotional handicaps, supportive and related personnel are thought to need competencies in understanding the student, their programs and needs, the integrative service delivery system, assessment, instruction, and behavior management techniques.

Definition

The following definition of a seriously emotionally handicapped child will provide you with a description of the type of child with whom you will be working.

A seriously emotionally handicapped (SEH) child is a child with a severe condition exhibited over a long period of time to a marked degree which adversely affects educational performance and is characterized by one or more of the following: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic); (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted); (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems.

Indiana Rule S-1
P.L. 94-142

In general, an emotionally handicapped student has problems involving lack of awareness and/or understanding of self and environment of such duration, frequency, or intensity as to result in an inability to control behavior or express feelings appropriately, thereby significantly impairing performance in the classroom and in school-related activities. The general characteristics include one or more of the following:

(a) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic).

Significant deficits in the level of functioning may be the most pronounced characteristic of emotionally handicapped children in school. This significant deficit in the learning process may be manifested as impairments in classroom performance and school learning experience as well as failure to master skill subjects. The difference between a child's performance and level of expectancy becomes more significant as a student advances through his school career. This discrepancy may appear to be insignificant in a child's early school years, therefore, making it more difficult to identify a young student based on the inefficiency in functioning level.

(b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

The term "satisfactory interpersonal relationships" refers to the ability to establish and maintain close friendships; the ability to sympathy, warmth, and sharing with others; the ability to be assertively constructive; and the ability to make appropriate choices for social interaction. In most instances, children who have difficulty building or maintaining satisfactory interpersonal relationships are readily identified by both peers and teachers.

(c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted).

Behavior is seen as inappropriate when disturbed internal states lead to socially aberrant or self-defeating behavior; that is, behavior which is clearly discordant with that which would normally be expected from other children of similar age under similar circumstances.

(d) a general pervasive mood of unhappiness or depression.

Children who are unhappy or depressed may exhibit a loss of interest or pleasure in all or most all usual activities and pastimes. These behaviors may be expressed verbally or nonverbally, as in frequently sad facial expression, changed peer relations, social isolation, reduced academic achievement, hyperactivity, or restless agitated behavior.

(e) a tendency to develop physical symptoms or fears associated with personal or school problems.

A child may exhibit physical symptoms such as excessive fatigue, dizziness, nausea, rashes, or an unexplained loss of or alteration in physical functioning; unrealistic fears, such as harm to parents or occurrence of calamities; or pains, such as headaches or stomachaches. Possible physical etiologies should be ruled out prior to attributing the behavior(s) to a psychogenic cause.

CHAPTER I

Students with Emotional Handicaps and Their Educational Programs

In order to plan and provide appropriate services for students who have emotional handicaps, related and supportive services personnel must demonstrate an understanding:

-- of the operational definition of emotional handicaps
-- of the continuum of services
-- of the concept of least restrictive environment

CHARACTERISTICS

Indiana Rule S-1 and Federal P.L. 94-142 state that a seriously emotionally handicapped child is one with a severe condition exhibited over a long period of time and to a marked degree, which adversely affects educational performance and is characterized by one or more of the following:

a) an inability to learn which cannot be explained by intellectual, sensory, or health factors.

The following descriptors may be related to this characteristic:

-- regression/failure in basic academic skills
-- short attention span, unable to concentrate
-- unable to retain information
-- does not complete tasks, careless and disorganized
-- does not follow academic directions
-- lacks comprehension of assignments
-- seeks excessive attention

b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

The following descriptors may be related to this characteristic:

-- difficulty understanding and accepting the point of view of another person and then responding appropriately
-- failure to establish a normal degree of affection or bond with others
-- difficulty dealing with authority figures

c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted).

The following descriptors may be related to this characteristic:

-- obsessive, compulsive behavior
-- distorted perception of reality
-- problems with sexual issues
-- chronic violation of age appropriate and reasonable home or school rules
-- violent anger reactions, temper tantrums
-- regressive behaviors

d) a general pervasive mood of unhappiness or depression.

The following descriptors may be related to this characteristic:

-- depressed mood or marked loss of pleasure in all, or almost all usual activities and pastimes.
-- self-aggressive, physical abuse toward self
-- restless, agitated behavior

e) a tendency to develop physical symptoms or fears associated with personal or school problems.

The following descriptors may be related to this characteristic:

-- excessive anxiety when separated from those to whom child is attached
-- generalized and persistent anxiety or worry
-- self-concept so low as to impair normal functioning

PROFILES OF STUDENTS WITH EMOTIONAL HANDICAPS

John: John is a 12 year old student who rarely speaks. He will answer yes or no to peers when asked questions. He is frequently not accepted by group because of a persistent body odor. He refuses to join in any group activity.

The school nurse has had "informal" discussions with John about the importance of establishing good hygiene habits and has also taught a unit in the classroom about proper health and hygiene.

Sammy: Sammy is a 9 year old student who lives in a fantasy world. He has few friends and those he has are much younger than he is. He usually plays by himself. If Sammy is required to do a task he dislikes while working with the speech/language pathologist in his classroom, he often will throw his papers, books or desk. The classroom teacher and the pathologist have designed a behavior plan to reduce these inappropriate behaviors.

Jerome: Jerome is an 8 1/2 year old student who is very popular with students outside the resource room. Jerome becomes very frustrated when doing pen/pencil tasks and other fine motor activities. Through observation in the classroom, the occupational therapist was able to modify these activities and reduce some of the strain Jerome was having performing the fine motor tasks.

Steve: Steve is a sophomore in high school and has a poor self-concept. He often tries to please his peers by doing things that get him into trouble. He is often creating disturbances in class because some of his pals think it is funny. He has failed several subjects and has little motivation to study. Steve does not like to have physical education. He is overweight and has difficulty performing many skills in team sports. Students tease him when he does go to class. Steve is placed in an adapted class to concentrate mainly on weight loss, increasing his self-concept, and improving his skills. Steve goes to regular physical education for some activities. The regular teacher is trying to develop more positive acceptance from regular students while Steve is in the adapted class. Hopefully, this combination will improve Steve's self-image.

Continuum of Services

Continuum of Services is a concept based upon the belief that various combinations of support may be required due to the wide range of types of handicapping condition, the varying degrees of severity, and the fact that students will need different amounts and types of assistance at various age levels.

Figure 1
PROGRAMMING CONTINUUM FOR INDIANA'S
EMOTIONALLY HANDICAPPED STUDENTS

Least (Severity of Handicap)				Most
Level I	Level II	Level III	Level IV	Level V
Regular Class	Regular Class + Specialized	Special Class	Special School	Other Environments
Full Time Regular Class	Part Time Regular Class	All or most instruction separate from Regular Classes	No Regular Classes All Special Education	Emphasis on Treatment & Therapies
Support Personnel	Support Personnel	Support Personnel	Support Personnel	
Not Enrolled in Special Education for Instruction or Therapy				

Least	(Treatment Emphasis)	Most
Most	(Instructional Emphasis)	Least

Related and supported services personnel may provide programming at any point in the continuum.

LEAST RESTRICTIVE ENVIRONMENT (LRE)

Least restrictive environment means that, as much as possible, students with handicaps are to be educated with nonhandicapped students. This is especially important to students with emotional handicaps. They need the opportunity to see and model appropriate behaviors.

CHAPTER II

Integrated Service Delivery Model

As a provider of services to students who have emotional handicaps, related and supportive services personnel must demonstrate:

-- an understanding of the collaborative efforts needed to utilize the Integrated Service Delivery Model.
-- the ability to interpret and explain pertinent information and its relevancy for implementing the Individual Educational Plan (IEP).
-- effective communication skills.

INTEGRATED SERVICE DELIVERY MODEL

Most related and supportive services professionals have been trained to work with students on therapy-specific goals in isolation with little direct involvement with the student's overall individualized educational program. Professionals across disciplines are increasingly involved in restructuring the delivery of related and supportive services through collaborative approaches. Problems of communication and turfism are being overcome as related and supportive service professionals engage in cooperative efforts to integrate their services. Integrated therapy has been described by Nietupski, Scheutz, and Ockwood (1980) as a means of sharing information across disciplines and cooperating on classroom goals and teaching strategies. The integrative team model includes a communication system designed to reduce compartmentalization of responsibilities and fragmentation of services.

Although the professional may provide direct services to the student, the intervention should be refocused to the classroom setting in contrast to a separate space for therapy. For example, the occupational therapist may work on appropriate objectives during art or music activities. Indirect services to students through consultation with other professionals and parents is a continued responsibility requiring mutual strategies for increasing and maintaining effective communication.

Integrating therapy services not only requires a team approach across disciplines but what has been referred to as "role release." As discussed by Shea and Bauer (1987), role release refers to sharing between two or more professionals including their general role and responsibilities, assistance to others in making specific instructional decisions, and training others in specific skills within the professionals area of expertise.

RELATED SERVICE ROLE AND THE IEP

The related and supportive service personnels' role as a case conference participant is to present information relevant to their area of involvement and is to help develop goal statements appropriate to their field. Related and supported service personnel should come to the case conference meeting prepared with evaluation findings, statements of present levels of performance and a recommendation regarding annual goals, short term instruction objectives and the kind of services to be provided. The goals and objectives should focus on offsetting or reducing the problems resulting from the student's handicap which interferes with learning and educational performance in school. This information should be based on formal and informal assessments of the student.

COMMUNICATION

When exchanging information with others it is important clarify the purpose of the communication and recognize the mutual responsibilities involved in the issue under consideration. Shea and Bauer (1987) have suggested the following strategies for increasing and maintaining communication.

-- Be accessible
-- Listen
-- Avoid special education, medical and psychological jargon
-- Deal frankly with any anxiety, frustration, or anger expressed
-- Foster the other individual's self-respect
-- Maintain confidentiality
-- Channel the credit for change to other professionals

CHAPTER III

Assessment

As a provider of services in an integrated model, supportive and related service personnel need to demonstrate certain competencies in the area of assessment. These include the ability to:

-- assess the student with emotional handicaps in relation to the professional's specific area of expertise
-- recognize the difficulties that may be encountered while assessing students who have emotional handicaps and be aware of possible solutions

Assessment is of paramount importance in the development of appropriate Individualized Educational Programs. It is useful only if it facilitates effective and efficient decision making with regard to the individual student's placement and service or treatment (Helton, 1984). In the integrated service delivery model, related and supportive services personnel should provide meaningful information pertaining to their area of expertise as it relates to the planning approach.

Due to the nature and characteristics of the student with emotional handicaps, some behaviors demonstrated by the student during the assessment process may interfere with he testing results. Algozzine (1987) described ten social problems that are NOT inherent in the student BUT may affect school success and interfere with the assessment process. The following content is summarized from his extensive work with suggestions for alleviating these behaviors:

1. Disruptiveness -- the student demonstrates behaviors, actions, or makes utterances that disturb, distract, or otherwise bother individuals in a situation during which others are actively engaged in productive behaviors

   -- physical: fighting, hitting, pinching
   -- nonphysical: loud talking, making noises, making faces

   Suggestions

   -- reward appropriate behavior to reduce disruptions
   -- speak softly to modify some behavior
   -- switch to another assessment activity

2. Nonattention -- the student responds with statements or actions that suggest attention to details of a completely nonproductive nature in a situation that requires selective focusing for successful completion.

   -- staring out of windows or at walls
   -- distracted
   -- centering attention on objects, tasks or areas other than the target task

   Suggestions:

   -- use cues to help focus attention
   -- praise the student when he/she is attending
   -- arrange work to increase attention to task

3. Irrelevant Activities - the student responds with statements or actions directed toward productive completion of another task resulting in postponement of the specified task.

-- speaking off the subject during group discussion
-- humming when it interferes with the work of others
-- cleaning the desk during independent work

Suggestions:

-- move closer or touch the student to redirect the student
-- reward the student for not exhibiting problem behaviors

4. Task Avoidance - the student responds with statements or actions of a specific nature relative to the task that do not result in task completion of the one specified.

-- postpones the task
-- prepares elaborately for it
-- asks repeatedly the page number of an assignment

Suggestions:

-- have an alternative testing activity
-- break testing activity into smaller units
-- reward processes not just products

5. Slowness in Work - the student's performance is characterized by unsuccessful attempts to complete the work due to a slow, deliberate approach to the task or "insufficient time."

-- exhibits "false starts"
-- demonstrates a disorganized approach to the task
-- approaches meticulously the completion of task
-- satisfactory performance on the completed portion of the unfinished task

Suggestions:

-- let the student select his/her own rate
-- change the nature of the task

6. Achievement Anxiety - the student demonstrates actions and responses that suggest apprehension or concern about personal performance in a situation in which achievement is expected.

-- questioning constantly whether their work is correct
-- making statements indicating concern for changes in school routines
-- making physical complaints about not feeling well

Suggestions:

-- encourage the student throughout the activity
-- break the activity into smaller units

7. Low Self-Management Skills - the student responds with statements or actions that reflect limited awareness of expected social behaviors,

limited independent functioning, and/or an inability to control impulses that result in inappropriate behavior when given an opportunity to participate in an activity or task.

-- doing messy schoolwork
-- making critical statements of the work of others during a group project
-- fighting frequently to be first in line, to answer a question, or to perform a classroom chore
-- questioning frequently about appropriate behavior in school situations

Suggestions:

-- provide signals or cues for the student
-- provide testing activities in a well-structured approach

8. Limited Comprehension - the student fails to respond or responds with statements or actions that suggest a limited understanding of some aspects of the expected action in a situation in which behaviors requested by another are to be demonstrated.

-- staring blankly following a requested action
-- requesting instructions to be repeated many times and subsequently failing to perform the requested behavior
-- making statements about not understanding what is to be done

Suggestions:

-- prepare a variety of materials or methods to explain the assessment activities
-- break the activity in smaller steps
-- check to see that the directions were understood

9. Low Academic Achievement -- the student's demonstrated performance is judged inadequate given standards for achievement considered appropriate for the student's age and grade.

-- obtains low percentage of items correct on tests
-- experiences difficulty in analyzing errors on math worksheets

Suggestions:

-- break up activities to promote success
-- make complex tasks easier by rewording or reducing to simpler steps

10. General Social Withdrawal - the student responds with statements and actions that reduce the likelihood of participation in a situation or activity that requires interaction with others.

-- sitting alone at lunch or during recess
-- failing to be selected by classmates
-- being rejected following attempts to socialize
-- volunteering answers seldomly

Suggestions:

-- provide optional means of communicating
-- demonstrate and reward appropriate behavior

CHAPTER IV

Instructional Program

Related and supported services personnel should demonstrate certain competencies in the area of instruction to include an understanding of the goals and objectives of:

-- an affective education curriculum
-- a functional curriculum

These curriculum areas should be incorporated into the total program for the student with emotional handicaps.

AFFECTIVE EDUCATION

Affective education is "systematic instruction to help students acquire information, attitudes, and skills which will encourage appropriate behavior and mental health" (Colorado Department of Education, 1980). The goal of affective education is to provide instruction in specific skills, attitudes and techniques to meet the social/emotional instructional needs of the student with emotional handicaps.

Affective education is based on three assumptions:

(1) Students with emotional handicaps need instruction in the affective as well as cognitive and psychomotor domains;
(2) because of their handicaps, students who are emotionally handicapped either don't acquire or don't use information about appropriate ways of behaving; and
(3) most students are able to utilize information and skill instruction when provided the opportunity.

To be most effective, affective education should be specific to students' needs, planned, and used concurrently with behavioral management techniques, classroom management techniques, and academic instruction.

FUNCTIONAL CURRICULUM

Related and supportive services professionals need to be aware of the functional curriculum approach for a student with emotional handicaps in that skills and behaviors to be addressed are those that impact most on the student's actual functioning (Shea & Bauer, 1987). Brown, Nietupski, and Hamre-Nietupski (1976) have posed the following six questions for the professional to consider relevant to the appropriateness of functional curriculum objectives:

1. Why should this skill be taught?
2. Is the skill necessary to prepare the student to function in a less restrictive environment?
3. Could the student function if he or she did not acquire the skill?
4. Is there a different skill that will allow students access to less restrictive environments more quickly and more efficiently?
5. Will the skill reduce or restrict the student's functioning in a less restrictive environment?
6. Are the skills, materials, tasks, and level of competency required similar to those encountered in the proposed less restrictive environment in the student's IEP?

GRADING

The motivation and efforts of students with emotional handicaps is often related to the emotional disability. Grading is a controversial issue in special education. No one seems to have the answer and no single answer is correct. Grading policies are often inconsistent within schools and school systems. There are, however, several options for grading, such as:

1. traditional grading,
2. using two grades -- one for effort and one for comparison to peers,
3. designing individual report cards,
4. using criteria referenced checklists,
5. using annual evaluation of IEP progress,
6. combining grade cards,
7. weighted grades

Work with the regular and special education teachers to determine grades (Strategies for Improving Indiana's Programs for Seriously Emotionally Handicapped Students, 1986).

CHAPTER V

Behavior Management

Behavior management competencies are vital to related and supportive service personnel who should be able to demonstrate the ability to:

-- utilize various strategies to support the maintenance of the behavior management plans which are outlined in that student's IEP
-- utilize management programs which facilitate generalization and maintenance of appropriate behaviors.

Behavior Management is the process of maintaining appropriate student behaviors through a variety of approaches. It is assumed that all approaches will be used fairly and ethically. All students must be treated with the same respect demanded of them. The primary responsibility of the professional working with the student who has emotional handicaps, is to provide a structured, organized, positive environment conducive to teaching appropriate behaviors and replacing existing inappropriate ones. It is important to use the same strategies consistent with the overall behavior management plan. Lack of consistency increases the probability that the student will continue to exhibit the problematic behaviors.

The following wide range of behaviors frequently observed in emotionally handicapped students indicate those for which the related or supportive professional may need to respond:

NON-COMPLIANCE -- Refusing to:
- follow directions
- remain in assigned seat
- stay on task
- accept authority

PHYSICAL AGGRESSION
- kicking
- hitting
- biting
- spitting
- throwing things
- destruction of property
- self-abusive behaviors

VERBAL AGGRESSION
- swearing
- verbal threats
- name calling

ATTENTION SEEKING BEHAVIORS
- excessive talking out
- obscene gestures
- inappropriate facial expressions
- unnecessary questions
- inappropriate noises
- power struggles (peers/adults)

REFUSING TO ACCEPT RESPONSIBILITY
- lying
- cheating
- denial
- shifting blame

INADEQUATE SOCIAL SKILLS
- stealing
- inability to cope with conflict
- manipulation
- hostility
- insecure relationship with others

POOR SELF-CONCEPT
- withdrawal
- depression
- mood swings
- poor eye contact
- overestimation of self-importance

POOR DECISION MAKING SKILLS
- easily led into trouble by others
- unable to consider or predict options/consequences

STRATEGIES AND INTERVENTIONS USED TO MANAGE BEHAVIOR -- It is important to work closely with the classroom teacher and follow the behavior management plan in the student's IEP. The techniques used most frequently with students who have emotional handicaps are behavior modification, contingency contracting and reinforcers. These would be appropriate for related and supportive services professionals to use when interacting with these students. Consistency and planning are critical to the success of any of these techniques.

Behavior Modification plans should be based on the principle that behavior which is positively reinforced increases in frequency. Delivering positive consequences for appropriate behavior and ignoring inappropriate behavior is the basic technique. It must be used properly to insure effectiveness. Below are a few rules:

1. Be consistent! Give the system a fair try. Behaviors which have developed over years cannot be changed overnight.
2. Reinforce only appropriate behavior -- attention for inappropriate behavior is reinforcing!
3. "Shape" behavior by reinforcing improvements in behavior. Reward successive approximations. Lower expectations if necessary so that the child may experience success and reward.
4. Use appropriate punishment (i.e. "time-out" or withdraw privileges) only when absolute necessary. When a privilege is withdrawn, be sure to specify a way to earn it back.

In Contingency Contracting, the teacher and/or student write an agreement which states consequences that will occur given the performance of specified appropriate behaviors. (Kelly et. al., 1985) It is important to discuss with the student what behavior is expected and how that behavior will be rewarded. When putting the agreement in written form (contingency contract), it must be written clearly and concisely. The contract should state desired behavior, reinforcer to be earned, and time or reward. The contract should be discussed between student and teacher and then signed by both parties. Both teacher and student should keep a copy of the contract.

Reinforcers follow a stimulus and strengthen or increase the future occurrence of the response. Three groups of reinforcers important to the teachers are social reinforcers, token reinforcers, and activity reinforcers. (Becker, 1975)

List of Reinforcers
(Becker, et al., 1975)

Praising Words and Phrases

Good.
That's right.
Excellent.
That's clever.
Exactly.
Fine answer.
Good job.
Good thinking.
Thank you.
I'm pleased with that.
Great.
That shows a great deal of work.
You really pay attention.
You should show this/to your parents.
I like that.
See how well Joan is working.
Jimmy got right down to work after recess.
Let's all give John a round of applause.
That was very kind of you.

Facial Expressions

Smiling
Winking
Nodding
Walking among students
Shaking hands
Hugging
Holding on lap
Looking interested
Laughing
Nearness
Joining the class at recess
Patting head, shoulder, or back
Holding hand

Activity

Running errands
Taking care of class pets
Choosing where to sit
Telling a joke to the class
Being in a skit
Supervising a group outside of class
Having the lesson outdoors
Special holiday events and parties

Token

Monopoly money
Points
Poker chips
Gold stars

CHAPTER VI

Tip Sheet

Tip Sheet for
Related Services Personnel

1. Discuss your challenges from the student with other members of the team.
2. Consider the background of the student and his/her IEP before administering discipline.
3. Become a part of the solution by not contributing to the problem.
4. Be patient.
5. Be consistent. This eliminates the possibility of students "begging" for favors.
6. Be flexible; use words such as "may" in contrast to "will."
7. Emphasize the needs of the student by giving options and choices.
8. Maintain your sense of humor. Smiling or laughing may diffuse a potentially tense situation.
9. Avoid criticizing or embarrassing the student in front of others.
10. Don't hold a grudge; remember the student's needs.
11. Don't take negative comments personally.
12. Don't assume anything.
13. Avoid putting yourself in a corner.
14. Don't back the student into a corner either.
15. Avoid arguments with the student; it creates a no-win situation.
16. IF all else fails, ask for assistance.
17. Remember you are an important part of the team serving students with emotional handicaps.

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